

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10495

State File No.

FILED MAR 25 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2358

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4151 Forest Park		e. STREET ADDRESS (If rural, give location) 657 Bittner St.,	
3. NAME OF DECEASED (Type or Print) CHARLES E. VOGEL		4. DATE OF DEATH (Month) (Day) (Year) March 12th, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 26th 1894
9. AGE (In years last birthday) 60	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) production Manager	11. BIRTHPLACE (City and State or Foreign Country) Findlay, Ohio	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Edward Vogel	13b. MOTHER'S MAIDEN NAME Eva Wilson	14. NAME OF HUSBAND OR WIFE Alma Vogel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I	16. SOCIAL SECURITY NO. 493-07-3800	17. INFORMANT'S SIGNATURE OR NAME Alma Vogel, 657 Bittner St.,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Hypertensive Cardio Vascular Disease DUE TO (c) Anginal Syndrome II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 4-20-1953	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from 4-20-1953 , to 3-12-1954 , that I last saw the deceased alive on 3-12-1954 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE A. G. Macdonald		23b. ADDRESS 4390 West Pine	
23c. DATE SIGNED 3-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3/15/54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
DATE REC'D BY LOCAL REG. MAR 15 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE DIEDRICH FUNERAL HOME, 8319 Hallsferry	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
G. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.